Outline and Objectives: The Governor's Health Policy Implementation Committee, 2010

Background

Executive Order 2007-13 established the Governor's Select Committee on Health Care. The Select Committee has completed its original charge as outlined in item 4 of the order. The Select Committee has reviewed and evaluated the recommendations of the Idaho Health Care Summit; provided recommendations on the Summit and other additional recommendations to the Governor in its October 2008 report; gathered, reviewed, and evaluated a substantial body of both state and national health care data and recommendations on reform; conducted meetings throughout the state attended by over 400 citizens to gather input on reform; proposed public – private partnerships in the 2008 report; and worked with the Governor, Legislature, and State Board of Education on these issues.

The Select Committee made a number of recommendations for change. The time has come for the hard work of implementation. It must be led through the Governor's Office by a partnership of key stakeholders for the specific policy initiatives identified. The Governor should continue to provide the leadership and, through his office, orchestrate the effort. The Governor should identify a person to lead the effort who can provide continuity with the Select Committee process and the necessary depth of health policy experience to support the implementation efforts.

Health Policy Objectives

Following are five suggested priority objectives from the eight identified by the Select Committee in its 2008 Report to the Governor. These topics were selected due to their potential impact on improving access to care from both financial and manpower standpoints, their likelihood of improving the quality and efficiency of care, and consequently reducing costs while requiring minimum financial investment from the state. Finally, they are all initiatives which, with the exception of the residency expansion, are underway and would be augmented by gubernatorial sponsorship and coordination.

- 1. <u>Covering Idaho's Children</u>: The Governor has identified enrolling all children currently eligible for Medicaid or CHIP as his first priority. Congress and the President expanded the CHIP program this year, which creates a potential opportunity for further coverage of children, primarily through premium assistance programs.
- 2. <u>Expanding Residency Opportunities</u>: Residencies, especially in primary care, offer the best opportunity to increase physicians for Idaho. The expansion of seats at both the Boise and Pocatello sites has been supported by the Governor in the past.
- 3. <u>Develop Primary Care Medical Homes</u>: A grant awarded by Qualis Health to the Idaho Primary Care Association (one of five awarded nationally) provides a significant opportunity to design and test the effectiveness of providing a single point of primary care for patients from which all needed health services are coordinated. The Qualis

- initiative also convenes a group of health policy stakeholders, who will make recommendations regarding medical home policy and reimbursement.
- 4. <u>Improve Health Quality and Information Exchange</u>: Work of the Health Quality Planning Commission and the Idaho Health Data Exchange is moving forward and offers great potential to improve the sharing of medical information and thus reduce costs and improve quality of care.
- 5. <u>Insurance Accessibility and Affordability</u>: The Department of Insurance developed a public/private partnership with the insurance carriers to create a webpage called *Healthy Idaho* where consumers can compare and apply for individual plans offered by carriers. Further initiatives should be considered to address issues related to cost and access.

Organizational Structure

In order for the suggested policy initiatives to be realized each should be led by a key stakeholder responsible for its successful implementation. Each key stakeholder is or will be responsible for assembling an implementation team, orchestrated and supported by staff with the required expertise to implement the policy objective.

An oversight commission should be appointed by the Governor with the responsibility of assuring that the initiatives are coordinated where necessary and complement one another. The commission membership should include the key stakeholder responsible for implementation of the policy initiative as well as legislators with health care backgrounds who also occupy finance and policy positions in the legislature.

Potential Future Topics

Mental health system transformation (following recommendations from the Governor's Behavioral Health Transformation Workgroup)

Encourage prevention and personal responsibility for health

Funding of health services

Health system reform (following implementation of federal plan)

Conclusion

Much has been started in Idaho because of the Governor's interest. The Select Committee has done its work. Its current membership is not what would be needed for implementation. Now is an opportune time to move an "Idaho" health policy agenda forward and set the organizational framework for Idaho to deftly craft its reform agenda in response to national health reform. Idaho must be poised to address the state's unique challenges and opportunities to improve access and quality, and to control costs.